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Abstract 213

TITLE: HIV Sexual Risk Behaviors Among Youths in Foster Care: Previous Abuse/Neglect,

Unstable Living Situations, and/or School Disruptions?

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BACKGROUND/OBJECTIVES: Youths in out-of-home or foster care are at higher risk of acquiring HIV, due in part, to the concurrence of sexual activity and emotional problems. It has been hypothesized that previous sexual abuse and physical abuse/ neglect, unstable living situations, and school disruptions may contribute to HIV-risk sexual behaviors. The purpose of this study is to determine the extent to which previous abuse and unstable school and living situations contribute to HIV sexual risk behaviors among youths in foster care.

METHODS: Baseline interviews were performed on 90 youths, ages 15-18 years old (mean = $16.3 \pm .84$), who are participating in an eight month life skills program (Independent Living Program) in preparation for discharge from foster care. Subjects were 50% female, and 59% African American, 31% Caucasian, and 10% biracial or American Indian. Two dependent variables were assessed: (1) sexual risk behaviors (index of 'ever engaged' in: anal, oral, or vaginal sex, sex with drugs, and trading sex for food, drugs, or money); and (2) sexual risk behaviors during the last 2 months (index from Slonim-Nevo, 1992, revised). Four independent variables were assessed: (1) school instability (# different schools attended), (2) disruptions in living situation (# group/foster homes); (3) emotional and physical abuse/neglect (Bernstein & Fink's Childhood Trauma Questionnaire; and (4) sexual abuse (unwanted sex and/or touching).

RESULTS: Bivariate analyses (Pearson correlation coefficients) indicated that greater emotional abuse (r=.32, p<.01), sexual abuse (r=.30, p<.01), school instability (r=.29, p,.01), and home instability (r=.25, p<.05) were associated with ever engaging in HIV-risk sexual behaviors. Multiple regression analyses indicated that the strongest predictors were school instability (p<.01) and sexual abuse (p<.05). Bivariate predictors of sexual-risk behaviors during the last 2 months included sexual abuse (r=.31, p<.01), school instability (r=.21, p<.05), and home instability (r=.23, p<.05). Multiple regression analyses indicated that the strongest predictor to sexual risk behaviors in the last 2 months was sexual abuse ((p<.01), and that disruptions in living situation and school instability were no longer significant.

CONCLUSIONS: Because prior sexual abuse among youths in foster care is the strongest contributor to current HIV sexual risk behaviors, prevention of HIV should target the emotional and behavioral needs of youths who have experienced sexual abuse.

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